

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
If more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 155  
Registered No. 90

1. PLACE OF BIRTH

County Gila State Ariz.  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Globe No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child

Violet Maria Grange  
(If child is not yet named, make supplemental report, as directed.)  
3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 5. No., in order of birth \_\_\_\_\_ 6. Legitimate? Yes 7. Date of birth May 10, 1929  
Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

8. FATHER  
Full name Robert Grange  
9. Residence (Usual place of abode) Globe Ariz.  
If non-resident, give place and state.

10. Color or race White 11. Age at last birthday 35 (Years)

12. Birthplace (city or place) Chicago Ill.  
(State or country)

13. Occupation Accountant  
Nature of industry

14. MOTHER  
Full maiden name Micaiah Bargas  
15. Residence (Usual place of abode) Globe Ariz.  
If non-resident, give place and state.

16. Color or race Spanish 17. Age at last birthday 25 (Years)

18. Birthplace (city or place) Barcelona Spain  
(State or country)

19. Occupation Housewife  
Nature of industry

20. Number of children of this mother 3 (a) Born alive and now living 3  
(Taken as of time of birth of child herein certified and including this child.) (b) Born alive but now dead 0  
(c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 10:00 P.M. on the date above stated.  
(Born alive or stillborn.)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature T. C. Harper  
Physician  
(Physician or Midwife).

Given name added from a supplemental report \_\_\_\_\_ Address Globe Arizona

Filed 6/7 1929 G. E. Waghorn  
Registrar Registrar

575-510-422